ST. MARYS CARE CENTER 3401 MAPLE GROVE DRIVE

MADISON 53719 Phone: (608) 845-1000)	Ownership:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/05):	184	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/05):	184	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/05:	177	Average Daily Census:	177

Age, Gender, and Primary Diagnosis	Length of Stay (12/31/05)	%			
Primary Diagnosis	8	Age Groups 	*		49.2 32.2
Developmental Disabilities	0.0	Under 65	2.8	More Than 4 Years	18.6
Mental Illness (Org./Psy)	14.7	65 - 74	9.6		
Mental Illness (Other)	1.7	75 - 84	29.9		100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	47.5		
Para-, Quadra-, Hemiplegic	1.1	95 & Over	10.2	Full-Time Equivalent	
Cancer	5.1			Nursing Staff per 100 Resid	ents
Fractures	14.7	İ	100.0	(12/31/05)	
Cardiovascular	33.3	65 & Over	97.2		
Cerebrovascular	13.6			RNs	13.9
Diabetes	0.6	Gender	8	LPNs	9.6
Respiratory	6.2			Nursing Assistants,	
Other Medical Conditions	9.0	Male	28.8	Aides, & Orderlies	48.0
		Female	71.2		
	100.0	j			
		İ	100.0		

Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	:		amily Care			Managed Care	Į		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	4	5.5	157	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	2.3
Skilled Care	27	100.0	359	69	94.5	134	6	100.0	134	67	100.0	218	0	0.0	0	4	100.0	304	173	97.7
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	27	100.0		73	100.0		6	100.0		67	100.0		0	0.0		4	100.0		177	100.0

ST. MARYS CARE CENTER

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, and	d Activities as of 12/	31/05
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	1.3	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.5	Bathing	1.1		65.5	33.3	177
Other Nursing Homes	1.3	Dressing	5.1		68.4	26.6	177
Acute Care Hospitals	95.7	Transferring	15.3		62.7	22.0	177
Psych. HospMR/DD Facilities	0.0	Toilet Use	9.0		65.0	26.0	177
Rehabilitation Hospitals	0.0	Eating	63.3		29.9	6.8	177
Other Locations	0.0	******	******	*****	******	*******	*****
Total Number of Admissions	610	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	14.1	Receiving Resp	iratory Care	12.4
Private Home/No Home Health	6.8	Occ/Freg. Incontiner	nt of Bladder	45.2	Receiving Trac	neostomy Care	0.0
Private Home/With Home Health	63.7	Occ/Freg. Incontiner	nt of Bowel	25.4	Receiving Suct	ioning	0.0
Other Nursing Homes	1.8	_			Receiving Osto	my Care	1.1
Acute Care Hospitals	7.6	Mobility			Receiving Tube	Feeding	1.1
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	20.9
Rehabilitation Hospitals	0.0				5	-	
Other Locations	0.0	Skin Care			Other Resident C	naracteristics	
Deaths	11.9	With Pressure Sores		7.3	Have Advance D	irectives	76.3
Total Number of Discharges		With Rashes		5.1	Medications		
(Including Deaths)	604				Receiving Psyc	noactive Drugs	70.6

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

***************	*****	*****	*****	*****	*****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	This Nonprofit			-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occurrence Pates Assessed Pails General/Timered Pada	06.0	02.4	1 02	0.0 1	1 07	0.0	1 00	0.0 1	1 00
Occupancy Rate: Average Daily Census/Licensed Beds	96.2	93.4	1.03	90.1	1.07	88.8	1.08	88.1	1.09
Current Residents from In-County	89.8	85.9	1.05	84.9	1.06	83.2	1.08	77.6	1.16
Admissions from In-County, Still Residing	12.8	20.9	0.61	18.1	0.71	18.7	0.68	18.1	0.71
Admissions/Average Daily Census	344.6	162.7	2.12	188.0	1.83	177.7	1.94	162.3	2.12
Discharges/Average Daily Census	341.2	162.0	2.11	191.1	1.79	179.2	1.90	165.1	2.07
Discharges To Private Residence/Average Daily Census	240.7	81.3	2.96	87.1	2.76	83.4	2.88	74.8	3.22
Residents Receiving Skilled Care	100	97.5	1.03	96.6	1.04	96.3	1.04	92.1	1.09
Residents Aged 65 and Older	97.2	96.3	1.01	90.0	1.08	91.3	1.06	88.4	1.10
Title 19 (Medicaid) Funded Residents	41.2	54.2	0.76	62.3	0.66	61.8	0.67	65.3	0.63
Private Pay Funded Residents	37.9	31.8	1.19	20.8	1.82	22.5	1.68	20.2	1.88
Developmentally Disabled Residents	0.0	0.5	0.00	0.9	0.00	1.1	0.00	5.0	0.00
Mentally Ill Residents	16.4	33.9	0.48	34.5	0.47	34.8	0.47	32.9	0.50
General Medical Service Residents	9.0	25.2	0.36	22.0	0.41	23.0	0.39	22.8	0.40
Impaired ADL (Mean)	52.3	49.3	1.06	48.8	1.07	48.4	1.08	49.2	1.06
Psychological Problems	70.6	57.5	1.23	59.9	1.18	59.5	1.19	58.5	1.21
Nursing Care Required (Mean)	6.0	6.9	0.87	7.3	0.83	7.2	0.83	7.4	0.81